

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	RMWB	70976 21	1/4/90 1/2-14-00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	✓ 8/2/92
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	0 ✓
10	0 ✓
11	0 ✓
12	✓
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15	0 ✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here